

Name:		Medicaid No:		Periodic Supports Checklist		
Outcome(s) addressed						
Date	Reason for use	Periodic Support Activities (See the PC ISP Part V: Plan for Supports for support instructions.)	Time		Total hours	Initials
			FROM	TO		
DSP/Supporters Printed Name		Initials	Date	A signature page must be kept on site or in each record to correspond with all initials provided.		
Support Log (In addition to a monthly summary of all periodic supports, note any unusual circumstances and related support.)						